



Effective on 10/01/2008

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL FOR FY 2009

JAN 05 2009

 TRADEMARK Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$1300.00)

**Complete if Known**

Application Number	10/528,830
Filing Date	March 23, 2005
First Named Inventor	Soon Jo LEE, et al.
Examiner Name	Jason HECKERT
Art Unit	1792
Attorney Docket No.	9988.217.00

**METHOD OF PAYMENT** (check all that apply)

Check       Credit Card       Money Order       None       Other (please identify): \_\_\_\_\_

Deposit Account      Deposit Account Number: 50-0911      Deposit Account Name: McKenna Long & Aldridge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17       Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	115	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
_____ - 20 or HP = _____	x \$52 = _____			52	26	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ - 4 or HP = _____	x \$220 = _____			0	0	0

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = 0 / 50 = 0 (round up to a whole number) x _____ = 0				

**4. OTHER FEE(S)**

Other (e.g., late filing surcharge):	Petition for Two Month Extension of Time	490
	Request for Continued Examination	810

**SUBMITTED BY**

Signature		Registration No. 43,324 (Attorney/Agent)	Telephone (202) 496-7500
Name (Print/Type)	Yong S. Choi		Date January 5, 2009